Item 8 FilmG157 8/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1RV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LA PLATA X

LENGTH OF STAY (in this place): 5 HOURS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: PHYSICIANS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [redacted] COUNTY: CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BRANDY WINE, BOX 129 X

STREET ADDRESS (If rural, give location): RURAL - RT. 233

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) INEZ (Last) ADAMS

4. DATE OF DEATH: (Month) AUGUST (Day) 10 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 8, [redacted]

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CARROLL MCPHERSON

14. MOTHER'S MAIDEN NAME: NELLIE LYLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: JOHN FRANCIS ADAMS RT. 233 - BOX 129, BRANDY WINE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
330X Immediate cause	(a) SUB ARACHNOID HEMORRHAGE	6 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ESSENTIAL HYPERTENSION	8 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JULY, 19[illegible], to AUG. 10, 1953, that I last saw the deceased alive on AUG. 10, 1953, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: John H. Griffin (DEGREE OR TITLE) M.D. ADDRESS: Hughesville, Md. DATE SIGNED: 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/12/53

NAME OF CEMETERY OR CREMATORY: St Peters

LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG. 8/11/53

REGISTRAR'S SIGNATURE: Julia H. Vasey

24. FUNERAL DIRECTOR — ADDRESS: Hewitt & Payor Waldorf Md.

8-51

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17998

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) O'Niel Bowling (Last) Sr.

4. DATE OF DEATH: (Month) Aug. (Day) I6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July I2 I877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY: Self enployed Farmer

11. BIRTHPLACE (State or foreign country): Westmoreland Co., Va.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Wallace Bowling

14. MOTHER'S MAIDEN NAME: Helen Deleman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Richard W. Bowling, Spring Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Cc. Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 8-15-53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1953, to 8-16, 1953, that I last saw the deceased alive on ..... and that death occurred at 3 A.M. from the causes and on the date stated above.

SIGNATURE C. Redden M.D. (Degree or title) ADDRESS La Plata Md DATE SIGNED 8-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/I9/53

NAME OF CEMETERY OR CREMATORY Dentsville M.E.

LOCATION (City, town, or county) (State) Dentsville, Md.

DATE REC'D BY LOCAL REGISTRAR 8/18/53

REGISTRAR'S SIGNATURE W. L. Rowles

8/21/53 Julia H. Posey

24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md.

RECEIVED
AUG 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1

1. PLACE OF DEATH:

COUNTY CHARLES MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN (RURAL) X

LENGTH OF STAY (in this place) LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN (RURAL) X

STREET ADDRESS (If rural, give location) ——

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) BUTLER

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 26 1953

5. SEX: MALE

6. COLOR OR RACE: NEGRO-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE ? 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN BUTLER

14. MOTHER'S MAIDEN NAME: SUSAN HAWKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR I.

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JOSEPH FRANCIS BUTLER; BRYANTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151 X

Immediate cause (a) CARCINOMA, STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 YEARS

DUE TO

Antecedent cause(s) (b) CARCINOMA, METASTATIC, LIVER. — 4 MONTHS.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) ——

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ——

19a. DATE OF OPERATION: JULY, 1951

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF STOMACH

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —— (CITY OR TOWN) —— (COUNTY) —— (STATE) ——

TIME OF INJURY (Month) (Day) (Year) (Hour) —— —— M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from SEPTEMBER 1949, to AUGUST 26 1953, that I last saw the deceased alive on AUGUST 25, 1953, and that death occurred at 7.50 A.M. EST, from the causes and on the date stated above.

SIGNATURE John N. Griffin, M.D. (DEGREE OR TITLE) ADDRESS Hughesville, Maryland DATE SIGNED 8/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug. 29 1953

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) (State) Bryantown, Md.

DATE REC'D BY LOCAL REG. 8-29-53 8/31/53

REGISTRAR'S SIGNATURE M. L. Mourik Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

RECEIVED
SEP 2 1953
BUREAU V. S

Item 14 Talm G158 9/22/53 mab.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Conkey X — LENGTH OF STAY (in this place) 4 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Conkey, Md. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location) near Welcome, Md.

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) FRANCIS	(Last) HENSON	4. DATE OF DEATH	(Month) 8 (Day) 2 (Year) 1953
5. SEX Male	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separation	8. DATE OF BIRTH ✓	9. AGE last birthday yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charles County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Joseph Henson	14. MOTHER'S MAIDEN NAME Janie Gainer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	One hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard Daly	M.D.	La Plata, Md	8/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/5/53	NAME OF CEMETERY OR CREMATORY Emery Chapel	LOCATION (City, town, or county) (State) Nanjemoy Md
DATE REC'D BY LOCAL REG. 8/3/53	REGISTRAR'S SIGNATURE Julia H. Pasey	24. FUNERAL DIRECTOR Montgomery Bros Funeral Home	ADDRESS Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8001

CERTIFICATE OF DEATH

Reg. Dist. No. 10-C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) C (Last) Jenkins

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.

8. DATE OF BIRTH: 9-23-1887

9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? us

13. FATHER'S NAME: George Robert Jenkins

14. MOTHER'S MAIDEN NAME: Mary Ellen Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Amos L. Jenkins, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis

DUE TO

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. C

19a. DATE OF OPERATION: 0 | **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Richard Daly M.D. La Plata, Md. 8/11/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/12/53	Dentsville, M.E.	Dentsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/11/53	Julia H. Casey	Hunt + Ryon	Waldorf, Md.

RECEIVED
AUG 13 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 104

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hayside Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 152-11th St SE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ois (Middle) (Last) Ogtirel
4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1953
5. SEX
6. COLOR OR RACE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 7-21-1921
9. AGE last birthday 32 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder
10b. KIND OF BUSINESS OR INDUSTRY Naranity Co
11. BIRTHPLACE (State or foreign country) Ga
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Haywood N Mackey
14. MOTHER'S MAIDEN NAME Jennie Mae Tillery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ethel Mae Lalor Sister

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Drowning — 8-1-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pot R. — (CITY OR TOWN) Hayside (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 8 (Day) 1 (Year) 1953 (Hour) 30 — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Boat Sand

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE [illegible] (Degree or title) — ADDRESS [illegible] — DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Aug 5 — NAME OF CEMETERY OR CREMATORY Wash Nat — LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 8/3/53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Hunt Funeral Home — ADDRESS Waldorf Md

Wm. J. Frere

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 8-51

1. PLACE OF DEATH:
COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - BRYANTOWN
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - BRYANTOWN
STREET ADDRESS (If rural, give location): 2 MILES SOUTH ON RT. 5

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ALLISON (Last) ROBERTS, SR.

4. DATE OF DEATH: (Month) AUGUST (Day) 10 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE - U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOVEMBER 23, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY ROBERTS

14. MOTHER'S MAIDEN NAME: SARAH LYON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service): —

17. INFORMANT & ADDRESS: W. ALLISON ROBERTS, JR. BRYANTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause — (a) ARTERIO-SCLEROTIC HEART DISEASE — Interval between onset and death: 2 YEARS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) GENERALIZED ARTERIO-SCLEROSIS — Interval between onset and death: 12 YEARS

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MAY, 1950, to AUGUST, 1953, that I last saw the deceased alive on AUGUST 10, 1953 and that death occurred at 7:45 A.M. (EST), from the causes and on the date stated above.

SIGNATURE: John H. Griffin — (DEGREE OR TITLE) M.D. — ADDRESS: Hughesville Md. — DATE SIGNED: 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 8/12/53

NAME OF CEMETERY OR CREMATORY: St Pauls

LOCATION (City, town, or county): Waldorf Md

(State):

DATE REC'D BY LOCAL REG.: 8/11/53

REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Hamilton Payon

ADDRESS: Waldorf Md

RECEIVED
AUG 1 3 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Pisgah X
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Pisgah X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Blanche (Last) Robitski

4. DATE OF DEATH: (Month) (Day) (Year) August 27 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 4. 1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bakersfield Calif.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Mckee

14. MOTHER'S MAIDEN NAME: Mabel Pickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 552-03-9361

17. INFORMANT & ADDRESS: Robert Robitski, Pisgah Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

154X

Immediate cause (a) Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 4yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 7-10-53 **19b. MAJOR FINDINGS OF OPERATION:** Metastatic Carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1953, to 8/27, 1953, that I last saw the deceased alive on 8/20, 1953, and that death occurred at 430 P m., from the causes and on the date stated above.

SIGNATURE Smith Surgeon L-S. (DEGREE OR TITLE) ADDRESS Indian Head. Md DATE SIGNED 8-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/29/53 — NAME OF CEMETERY OR CREMATORY Pisgah M.E. — LOCATION (City, town, or county) (State) Pisgah Md.

DATE REC'D BY LOCAL REG. 8/28/53 — REGISTRAR'S SIGNATURE M.L. Rogers

24. FUNERAL DIRECTOR Hunt & Tyson — ADDRESS Waldorf. Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel alton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel alton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A. (Last) Rosier
4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 53
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 4-3-86
9. AGE last birthday 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY add John
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Daniel Rosier
14. MOTHER'S MAIDEN NAME Hannie Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Kathleen Rosier, Bel alton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary T.B. — 3-5 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Diabetes
(c)
(26C X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident , suicide , homicide , undetermined*

SIGNATURE L. Hedelen (Degree or title) M.D. ADDRESS Bel alton Md. DATE SIGNED 8-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/13/53 — NAME OF CEMETERY OR CREMATORY St. Thomas — LOCATION (City, town, or county) (State) Bel alton Md.

DATE REC'D BY LOCAL REG. 8/11/53 — REGISTRAR'S SIGNATURE Julia H. Pasey — 24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf, Md.

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedect X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedect X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Thomas

4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1953

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1889

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Charles Co Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME A. Brisco

14. MOTHER'S MAIDEN NAME Classied Jeniffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Deleci Brooks, Charlotte Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X Immediate cause (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH 1952

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident, suicide, homicide, undetermined.

SIGNATURE C. Hedelen (Degree or title) M.J. ADDRESS La Plata Md DATE SIGNED 8-16-53

MODE OF CREMATION (Specify) Burial

DATE THEREOF 8/18/53

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) Bryantown Md. (State)

DATE REC'D BY LOCAL REG. 8/18/53 8/21/53

REGISTRAR'S SIGNATURE M. L. Mourdo Julia H. Posey

24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldo f, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 25 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 10-

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains | LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carroll (Middle) A (Last) Willett

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: 9 1881 | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): White Plains Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Rudolph F. Willett | 14. MOTHER'S MAIDEN NAME: Amilia M. Roby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: P. Russell Willett, Waldoy, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 8-19-53
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Diabetes Mellitus — 1951
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-19.., to 8-19-, 1953, that I last saw the deceased alive on 8-17, 1953, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE E. J. Eden (Degree or title) MD | ADDRESS La Plata Md | DATE SIGNED 8-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/22/53 | NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery | LOCATION (City, town, or county) (State) Waldoy, Maryland

DATE RECD BY LOCAL REGISTRAR 8/24/53 | REGISTRAR'S SIGNATURE H. E. Moore | 24. FUNERAL DIRECTOR Hontt & Ryon, | ADDRESS Waldoy, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8005 100

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~

M

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Rex (Middle) M. (Last) Wills

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 14 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Own lumber Business
11. BIRTHPLACE (State or foreign country): Virginia 43
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E Wills
14. MOTHER'S MAIDEN NAME: Lottie Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Margaret Wills. 110 N. Wayne, St Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 593 X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	8-10-53
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Nephritis	7-10-52
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1952, to 8-19, 1953, that I last saw the deceased alive on 8-19, 1953, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE E. J. Redden (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md DATE SIGNED 8-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/22/53
NAME OF CEMETERY OR CREMATORY Oakwood
LOCATION (City, town, or county) Bedford (State) Va.

DATE REC'D BY LOCAL REG. 8/20/53
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Flum H & Ryan ADDRESS Waldorf, Md.

Julia Posey mmb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-5 T

RECEIVED
AUG 21 1953
BUREAU V. S.